

OCT. 13. 2009 6:19PM

RECEIVED  
CENTRAL FAX CENTER NO. 6521 P. 1  
OCT 13 2009

S&amp;H Form: (10/08)

<b>REPLY/AMENDMENT FEE TRANSMITTAL</b>		Attorney Docket No.	0070.1112		
		Application Number	10/582,097		
		Filing Date	June 8, 2006		
		First Named Inventor	Ricard Delmuns I		
		Group Art Unit	3781		
AMOUNT ENCLOSED	285.00	Examiner Name	Cynthia Francisca Collado		
<b>FEE CALCULATION (fees effective 10/02/08)</b>					
CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations
TOTAL CLAIMS	13	- 20=	0	X \$ 52.00 =	\$ 0.00
INDEPENDENT CLAIMS	5	- 3=	2	X \$ 220.00 =	440.00
Since an Official Action set an <u>original</u> due date of <u>September 10, 2009</u> , petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$130)); (2 months (\$490)); (3 months (\$1,110)); (4 months (\$1,730)); (5 months (\$2,350):					130.00
If Notice of Appeal is enclosed, add (\$540.00)					
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$140.00)					
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)					
Total of above Calculations =					\$ 570.00
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)					
<b>TOTAL FEES DUE =</b>					\$ 285.00
<p>(1) If entry (1) is less than entry (2), entry (3) is "0".</p> <p>(2) If entry (2) is less than 20, change entry (2) to "20".</p> <p>(4) If entry (4) is less than entry (5), entry (6) is "0".</p> <p>(5) If entry (5) is less than 3, change entry (5) to "3".</p>					
<p><b>CERTIFICATE OF FACSIMILE TRANSMISSION</b></p> <p>I hereby certify that this correspondence is being transmitted via facsimile to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450</p> <p>on <u>October 13, 2009</u></p> <p>By: <u>William F. Herbert</u></p> <p>Date: <u>10/13/09</u></p>					
<b>METHOD OF PAYMENT</b>					
<input type="checkbox"/> Check enclosed as payment.					
<input checked="" type="checkbox"/> Charge "TOTAL FEES DUE" to the Deposit Account No. below.					
<input type="checkbox"/> No payment is enclosed.					
<b>GENERAL AUTHORIZATION</b>					
<input checked="" type="checkbox"/> If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to:					
Deposit Account No.		19-3935			
Deposit Account Name		STAAS & HALSEY LLP			
<input checked="" type="checkbox"/> The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.					
SUBMITTED BY: STAAS & HALSEY LLP					
Typed Name	William F. Herbert			Reg. No.	31,024
Signature				Date	10/13/09

10/15/2009 LLANDGRA 00600097 193935 10582097

©2008 Staas &amp; Halsey LLP

01 FC:2614 220.00 DA  
02 FC:2251 65.00 DA

PAGE 1/13 \* RCVD AT 10/13/2009 6:19:13 PM [Eastern Daylight Time] \* SVR:USPTO-EFXXRF-5/6 \* DNIS:2738300 \* CSID: \* DURATION (mm-ss):03-20